

Secretary

Distributed to the DPHHS appropriations subcommittee
Joe Mathews (444-2591); January 19, 2007

July 2005

EXHIBIT 1
DATE 1-22-07
HB 2

MONTANA RESOURCE ALLOCATION PROTOCOL (MONA):

Adult Assessment Tool. Version 9

State of Montana
Developmental Disabilities Program



Davis Deshaies LLC

General Information

Focus Person:

Name:

First Name

M. I.

Last Name

Region

Social Security Number**Medicaid Number****AWACS Number**

Address:

Person's Complete Home Address, Including Apartment #

Townsend

City or Town

MT

State

59644

Zip Code

BROADWATER

County of Residence

Home Telephone Number

Complete if the person's home address is different from his or her mailing address:

Person's Complete Mailing Address, Including Apartment #

City or Town

State

Zip Code

County of Residence

Home Telephone Number

Person(s) providing information for this assessment, in addition to the focus person:

Name _____

Gaurdian - Foster Parent
Agency, Service Provider, or Relationship (if applicable)

Name

Agency, Service Provider, or Relationship (if applicable)

Section A: General and Individual Descriptive Information

1. DATE OF BIRTH?

Month

Day

Year

2. GENDER? (Check One.)

☒ Male

☐ Female

3. LEGAL STATUS? (Check all that apply.)

☐ I am responsible for my own decisions.

☒ I have a partial (limited) or full (plenary) legally appointed guardian.

☐ Guardian's name. _____

Contact Information: SAME

☐ I have court ordered services

☒ I currently have a financial payee.

☐ Paid Financial payee

☒ Non-paid Financial payee

☐ I do not have a Financial Payee

☐ I have an advocate: _____

4. WHERE DO YOU LIVE TODAY? (Check only one.)

☐ In my own home alone

☒ In my home with my relatives

☐ In my own home with non-relatives

☐ In my family's home

☐ In a foster home

☐ In a group home

☐ Other (identify or select one below) _____

☐ In a transitional residence

☐ In an intensive residence

☐ In an ICF/DD residence

5. DO YOU PLAN ON MOVING IN THE NEXT 12, 24 OR 36 MONTHS? (PLEASE
SELECT ALL THAT APPLY) MARK IF URGENT ☐

12 24 36

- ☐ ☐ ☐ My current home is fine and no changes are anticipated
- ☐ ☐ ☐ My current home is fine as long as current levels of supports are maintained
- ☐ ☐ ☐ I want to stay in my home, but I cannot without some additional help
- ☐ ☐ ☐ I want to move from a group home to ☐ supportive living, ☐ my own home, ☐ foster home
- ☒ ☐ ☐ I want to move from my parent's home to a ☐ supportive living, ☒ group home, ☐ my own home, ☐ foster home
- ☒ ☐ ☐ I am on a waiting list for ☐ supportive living, ☒ group home, ☐ home of my own, ☐ foster home
- ☐ ☐ ☐ I live in an ICF/DD and would like to live ☐ in a group home, ☐ foster home, ☐ supportive living, ☐ in my own home
- ☐ ☐ ☐ I have health or medical problems and I cannot remain at home without additional support
- ☐ ☐ ☐ I have behavioral challenges and I cannot remain at home without additional support
- ☐ ☐ ☐ My parents/caregivers have health or medical challenges and I cannot remain at home without additional supports
- ☐ ☐ ☐ My parents/caregivers have medical/surgical appointments and I require additional but time limited additional supports.
- ☐ ☐ ☐ Other situation. _____

6 DO YOU SEE ANY OF THE FOLLOWING CHANGES OCCURRING IN YOUR LIFE
IN THE NEXT 12, 24 OR 36 MONTHS:

12 24 36

- ☐ ☐ ☐ Entering/Changing school
- ☐ ☐ ☐ Leaving school
- ☒ ☐ ☐ Finding or beginning a job
- ☒ ☐ ☐ Getting less help from your current unpaid caregiver
- ☐ ☐ ☐ Getting more help from your current unpaid caregiver
- ☐ ☐ ☐ Health/Medical that impacts current caregiver
- ☐ ☐ ☐ Current services are being decreased or discontinued
- ☐ ☐ ☐ No change is anticipated
- ☒ ☐ ☐ I have been referred and I am on a waiting list for:
- ☒ GROUP HOME
- ☒ WORK/DAY
- ☐ _____

Section B: Individual Descriptive Information

Do You Plan On Moving During the Next 12 Months?

If you plan to move to a new city during the next year, please list the new city and number of months in which you intend to live at this new location.

City/State/Zip Code		How long (number of months) do you plan on living in this arrangement?
Current City		
New City/State*		

* If the focus person plans on moving to another state, please contact the regional DDP office for instructions on how to determine the resource allocation.

Step #1: Living in the Community:

- 1 = Level 1: You do not need any reminders or if reminders are required less than twice (2) per month.
 2 = Level 2: You need occasional (more than twice (2) per month) physical prompts, verbal prompts, and/or reminders.
 3 = Level 3: You need daily physical assistance, verbal prompts, and/or reminders.
 4 = Level 4: You need personal support and require supervision including total assistance in order to complete. This is constant/total support regardless of frequency.
 0 = Don't know.
 9 = Not applicable.

Living in the Community		Level of paid support you need during the next 12 months	Level of unpaid support that is received
1	I can find a place to live and manage all leases or rent arrangements with this level of support (Use level 9 if living at home or in licensed facility. Only check if you are going to be looking for a place to live within the next 12 months)	1 2 3 ④ 0 9	1 2 3 4 0 9
2	I can find a job and manage my career with this level of support	1 2 3 ④ 0 9	1 2 3 4 0 9
3	I can pay my rent and utilities on time with this level of support	1 2 3 ④ 0 9	1 2 3 4 0 9
4	I can shop for food, clothes, and other personal items with this level of support (Use Level 9 if the person lives with his/her parents or in a licensed setting)	1 2 3 ④ 0 9	1 2 3 4 0 9
5	I can arrange and attend social outings and community gatherings on a regular basis with this level of support (Level 9 if the person does not intend on participating in community events or social outings)	1 2 3 ④ 0 9	1 2 3 4 0 9
6	I can use the community transportation system (if available) with this level of support (Level 9 to reflect the lack of community or public transportation)	1 2 3 4 0 ⑨	1 2 3 4 0 9
7	I can attend and participate in community clubs, organizations and activities with this level of support (Level 9 does if there is no desire or unable to participate)	1 2 ③ 4 0 9	1 2 3 4 0 9
8	I can keep myself safe in my neighborhood and I can avoid being exploited, taken advantage of, and dangerous situations and people with this level of support. (Level 9 not an option)	1 2 ③ 4 0 9	1 2 3 4 0 9
9	I can routinely work or participate in activities on a daily basis with this level of support (Level 9 if the person is retired or has a medical or physical condition that prevents work or day supports)	1 2 ③ 4 0 9	1 2 3 4 0 9
10	I know how to get assistance with this level of support (Level 9 if the person has no desire or intent on moving to a setting that would require this skill.	1 2 ③ 4 0 9	1 2 3 4 0 9
11	I can manage changes and alter my daily schedule with this level of support (Level 9 if the person's maintenance is covered by the lease or lives at home with his or her parents or in a licensed setting)	1 ② 3 4 0 9	1 2 3 4 0 9
12	I can manage my financial affairs with this level of support (Level 9 if the person's maintenance is covered by the lease or lives at home with his or her parents or in a licensed setting.)	1 2 3 ④ 0 9	1 2 3 4 0 9
13	I can advocate for myself with this level of support	1 ② 3 4 0 9	1 2 3 4 0 9
14	I can manage my personal and legal affairs with this level of support	1 2 3 ④ 0 9	1 2 3 4 0 9

Step #2: Challenging Behaviors

- 1 = Level 1: There are no behavioral issues requiring paid assistance.
 2 = Level 2: One staff is able to interact with three or more other people and still provide you with adequate attention and support.
 3 = Level 3: One staff is able to interact with one or two other people and still provide you with adequate attention and support.
 4 = Level 4: One staff can only interact with you in order to provide you with adequate attention and support.
 5 = Level 5: More than one staff must support you all the time.
 0 = Don't know.
 9 = Not applicable. Level 9 only applies to unpaid support.

Situations Needing Support		Level of paid support you need during the next 12 months
1	I can manage my relationship with other people with this level of support	1 2 3 4 5 0
2	I can keep myself safe from self-harm with this level of support	1 2 3 4 5 0
3	I can keep property and possessions free of damage with this level of support	1 2 3 4 5 0
4	I can participate in social situations and community events with this level of support	1 2 3 4 5 0

Situations Needing Support		Level of unpaid support received
1	I can manage my relationship with other people with this level of support	1 2 3 4 5 0
2	I can keep myself safe from self-harm with this level of support	1 2 3 4 5 0
3	I can keep property and possessions free of damage with this level of support	1 2 3 4 5 0
4	I can participate in social situations and community events with this level of support	1 2 3 4 5 0

Step #3: Current Abilities

- 1 = Level 1: You do not need any reminders or if reminders are required less than twice (2) per month.
 2 = Level 2: You need occasional (more than twice (2) per month) physical prompts, verbal prompts, and/or reminders.
 3 = Level 3: You need daily physical assistance, verbal prompts, and/or reminders.
 4 = Level 4: You need personal support from someone and require supervision including total assistance in order to complete.
 5 = Level 5: You need personal support from someone who has specialized training; verification from a physician or therapist may be required.
 0 = Don't know.
 9 = Not applicable

Kind of Activity		Level of paid support you need during the next 12 months	Level of unpaid support you received
1	I can eat and drink with this level of support. Levels 0 and 9 do not apply to this question.	0 2 3 4 5	1 2 3 4 5
2	I can dress myself with this level of support. Levels 0 and 9 do not apply to this question.	0 2 3 4 5	1 2 3 4 5
3	I can bathe myself and manage my personal hygiene with this level of support. Levels 0 and 9 do not apply to this question.	1 2 3 4 5	1 2 3 4 5
4	I can prepare my own meals with this level of support. Levels 0 and 9 do not apply to this question.	1 2 3 4 5	1 2 3 4 5
5	I can get in and out of bed, chairs, or other resting situations with this level of support. Levels 0 and 9 do not apply to this question.	0 2 3 4 5	1 2 3 4 5
6	I can move around the house from room to room with this level of support. Level 9 does not apply to this question.	0 2 3 4 5 0	1 2 3 4 5 0
7	I can get out of buildings in emergencies such as fire with this level of support. Level 9 does not apply to this question.	0 2 3 4 5 0	1 2 3 4 5 0
8	I can manage my own social and personal relationships with this level of support.	1 2 3 4 5 0 9	1 2 3 4 5 0 9
9	I can do my own household chores such as housecleaning, laundry, and washing dishes with this level of support. Level 5 does not apply	1 2 3 4 0 9	1 2 3 4 0 9
10	I can manage my own means of transportation with this level of support.	1 2 3 4 5 0 9	1 2 3 4 5 0 9

Step #4: Health and Health Care

- 1 = Level 1: You do not need any reminders or if reminders are required less than twice (2) per month.
 2 = Level 2: You need occasional (more than twice (2) per month) physical prompts, verbal prompts, and/or reminders.
 3 = Level 3: You need daily physical assistance, verbal prompts, and/or reminders.
 4 = Level 4: You need personal support and supervision including total assistance.
 5 = Level 5: You need personal support from someone with specialized training; verification from a physician or therapist may be required.
 0 = Don't know.
 9 = Not applicable.

Kind of Activity		Level of support you need during the next 12 months	Level of unpaid support received
1	I can take my own medications with this level of support. Level 9 only applies if there are no medicines.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
2	I can manage my medical treatments with this level of support; must have a medical diagnosis. Level 9 only applies if there are no treatments.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
3	I can position my body to avoid injury or bed sores with this level of support. Level 0 and Level 9 do not apply.	1 2 3 4 5 0 (9)	1 2 3 4 5 0 9
4	I can manage my own medical situation or condition with this level of support; must have a medical diagnosis. Level 9 only applies if there is a documented medical condition.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
5	I can plan my own meals to support my health condition with this level of support. Therapeutic diet ordered by physician.	1 2 3 4 5 0 (9)	1 2 3 4 5 0 9
6	I can use specialized medical equipment (e.g. ventilators, G-tubes, J-tubes). Level 9 only applies if there is no specialized medical equipment.	1 2 3 4 5 0 (9)	1 2 3 4 5 0 9
7	I can arrange my own therapies with this level of support. Level 9 only applies if there are no therapies.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
8	I can monitor my own health care with this level of support.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
9	I can initiate and/or maintain my own physical activities with this level of support.	1 2 3 4 5 0 (9)	1 2 3 4 5 0 9
10	I can manage my mental health with this level of support; must have a mental health diagnosis.	1 (2) 3 4 5 0 9	1 2 3 4 5 0 9
11	I need specialized equipment including durable medical equipment, consumable supplies, and/or need home modifications. Answer yes if replacing existing equipment, receiving new equipment, or using consumables. List: _____	Yes _____ No <u>X</u> _____ Info Needed _____	

Step #5: Employment

CURRENTLY EMPLOYED	
5a. Do you currently have a job? (If no, skip to # 5d.)	Yes _____ No <u>X</u>
5b. Where do you work?	WORKSHOP _____ MOBILE WORK CREW _____ ENCLAVE _____ SUPPORTED EMPLOYMENT _____ COMPETITIVE EMPLOYMENT _____

CURRENTLY INTERESTED IN CHANGING JOBS OR NOT EMPLOYED	
5c. If not currently employed, are you interested in getting a job? Or If you are currently employed are you interested in changing your job?	Yes <u>X</u> No _____
5d. If yes, you are interested in getting or changing your job, what type of employment interests you?	WORKSHOP <u>X</u> MOBILE WORK CREW <u>X</u> ENCLAVE _____ SUPPORTED EMPLOYMENT _____ COMPETITIVE EMPLOYMENT _____
5c Will additional resources be required?	YES <u>X</u> NO _____

Step #6: Agreement/Disagreement

(Check all that apply.)

☒ I have reviewed all the responses and **I agree** with the information marked.

☐ I have reviewed all the responses and **I do not believe my situation is completely reflected**. I have the following concerns:

☐ I have reviewed all the responses and **I request another MONA be completed**.
My request is based on the following:

Step #7: Signature Sheet

Focus Person:

Signature

(Your signature does not waive your right to appeal; it only denotes your participation in providing information.)

Print Name of Focus Person

Date

**Signature of Witness, if
focus person makes mark**

Print Name of Witness

Date

**Signature of Witness, if
focus person makes mark**

Print Name of Witness

Date

By signing my name as a witness, I attest that I saw the person make his or her mark and the name printed to the right of the mark is indeed the person who made his or her mark.

Guardian or Legal Representative, if needed (person with legal authority to apply for governmental benefits):


Signature

(Your signature does not waive your right to appeal; it only denotes your participation in providing information.)


Print Name

Date: 10, 10, 2006

Rater:


Signature


Print Name

Date: 10, 10, 2006

Step #8: Mail Document

Please mail the completed document, including the signature sheet, to the DDP regional office responsible for reviewing the focus person's budget package.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	IJ	JK	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QP	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ																																					
1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															